



REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Section 5525 of title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit;

4) an appropriate law enforcement agency if we become aware of a legal violation; 5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

PLEASE PRINT IN BLOCK UPPERCASE LETTERING USING BLACK/BLUE INK

1. Last Name First M.I.

2. Home Address Unit #

City State Zip code 3. Employee SSN 4. Date of Birth - MM/DD/YY

5. Home Phone Number 6. Personal Cell Phone Number (preferred) 7. Office Phone Number Extension

8. Primary Personal Email (Not your government email address) Opt Out Email

9. Name of Agency

I would like to receive text messages from AFGE.

I give permission for AFGE to invite me to robocalls and tele-town halls via my personal cell phone.

Section A - Authorization by Employee

Hereby authorize the agency named above to deduct from my pay each pay period, or the first full pay period of each month, the amount certified below as the regular dues of the:

American Federation of Government Employees

C 2 1 4 Council # (if applicable)

L 0 9 1 6 Local #

and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the below named labor organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay

period following its receipt in the payroll office of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll office of my employing agency.

Such cancellation will not be effective, however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

Contributions or gifts (including dues) to the labor organization shown at the left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Signature of Employee Date Signed MM/DD/YY Gender (Optional) F M Other

FOR COMPLETION BY AGENCY ONLY - The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "YES" send this form to payroll. If "NO" return this form to the labor organization.)

Yes No

Section B - For Use by Labor Organization

Name of Labor Organization (Indicate Local)

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, LOCAL

0 9 1 6 I.D. Code:

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ _____ per biweekly pay period.

Signature and Title of Authorized Official

Date signed MM/DD/YY

REBATE REQUEST FORM *

REBATE CHECKS EXPIRE AFTER 90 DAYS

CHECKS WILL NOT BE REISSUED

New Member I hereby certify that I have received a rebate from Local 0916 in the amount of \$100.00

Name _____ Signature _____ Date _____

Recruiter I hereby certify that I have received recruiter bonus from Local 0916 in the amount of \$50.00

Recruiter Name _____ Signature _____ Date _____

Recruiter SSN _____ Local # 916

Current Address _____ City _____ State _____ Zip _____

Notes _____

*IRS Form 1099 or W-2 will be issued based on current income tax laws by the payer.



DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
 - A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
 - Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																							
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																							
CITY	STATE	ZIP CODE																							
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (Check only one) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Income</td> <td><input type="checkbox"/> Mil. Active _____</td> </tr> <tr> <td><input type="checkbox"/> Railroad Retirement</td> <td><input type="checkbox"/> Mil. Retire. _____</td> </tr> <tr> <td><input type="checkbox"/> Civil Service Retirement (OPM)</td> <td><input type="checkbox"/> Mil. Survivor _____</td> </tr> <tr> <td><input type="checkbox"/> VA Compensation or Pension</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p style="text-align: right; margin-top: 0;"><i>(specify)</i></p>		<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active _____	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire. _____	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor _____	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____												
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B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 70%;">TYPE</td> <td style="width: 30%;">AMOUNT</td> </tr> </table>		TYPE	AMOUNT																				
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Prefix		Suffix																							
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																							
SIGNATURE	DATE	SIGNATURE	DATE																						
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SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT											
		<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>												<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>	
DEPOSITOR ACCOUNT TITLE															
FINANCIAL INSTITUTION CERTIFICATION															
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE												

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.